



Report to the Legislature

**Services to Persons with
Disabilities who are Discharged or Diverted
from State Hospitals or Individuals with
Community Protection Issues**

Chapter 25, Laws of 2003, E1, Section 205(1)(d) Uncodified

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Department of Social & Health Services
Aging and Disability Services Administration
Division of Developmental Disabilities
PO Box 45310
Olympia, WA 98504-5310
(360) 725-3452
Fax: (360) 407-0955

Chapter 25, Laws of 2003, E1, Section 205(1)(d) requires the Department of Social and Health Services' Division of Developmental Disabilities (DDD) to report, within 45 days following each fiscal quarter, the number of persons served in the community through this section, where they were residing, what kinds of services they were receiving prior to placement, and the actual expenditures for all community services to support these clients. This proviso is intended to provide community residential supports, therapies and employment/day services to individuals who are discharged or diverted from state psychiatric hospitals and for individuals that qualify for the Community Protection Program.

BACKGROUND

Hospital Discharge

Providing services to individuals with developmental disabilities who are diagnosed with mental illness and/or are otherwise gravely disabled is a long-term state and national issue. Since 1985, the Washington State Legislature has periodically provided funding to enable some developmentally disabled clients to move out of state hospitals when community placement is recommended. Between the periods of August 1996-1998, however, the number of people with developmental disabilities at the state's two psychiatric hospitals grew from 53 to a high of 92.

In January 1999, the Washington Protection and Advocacy System filed a federal class action lawsuit (*Allen v DSHS*) alleging abuse and neglect of individuals with developmental disabilities at Western State Hospital (WSH). It further alleged that individuals were denied opportunities for discharge and community support, and that they were at risk for unnecessary involuntary commitment. A mediated settlement agreement was reached in December 1999. Among the terms of the agreement, the state agreed to request funding from the legislature to implement a 3-phase remedy titled the Division of Developmental Disabilities/Mental Health Division Collaborative Work Plan.

The supplemental budget passed in the 2000 Legislative Session included \$6,673,000 to fund Phases 1 and 2 of the collaborative work plan. Phase 3 of the work plan proposed to establish involuntary treatment facilities. Phase 3 was not initially funded. The Legislature instead required a comprehensive study of long-term treatment alternatives for individuals with developmental disabilities and mental illness. The report's recommendation was to continue to house involuntary treatment clients at the two state psychiatric hospitals.

The Legislature authorized funds to the Mental Health Division in the 01-03 to support Phase 3 at the state psychiatric hospitals during the 2001-2003 biennium.

In this current proviso, the Legislature appropriated funds to DDD to provide community supports for twenty-three (23) individuals with developmental disabilities upon their release from state psychiatric hospitals or for individuals who are being diverted from state hospitals during the 03-05 biennium. These funds provided an average daily rate of \$300.00 per client/per day.

STATUS

DDD has prioritized the use of these proviso funds to serve individuals who have been determined ready for discharge from state psychiatric hospitals in an effort to comply with the *Allen v. WSH*, et al, and the *Smith v DSHS*, et al federal court Settlement Orders. To date, only two (2) individuals received these funds while in a DDD funded crisis diversion bed and who were being diverted from the state hospital.

Hospital Discharge/Diversion

Outplacements

The Division of Developmental Disabilities has placed thirteen (13) clients from the state psychiatric hospitals and two (2) individuals from the mental health crisis diversion bed since July 1, 2003 with an average daily rate of \$291.55. (See attached spreadsheet).

For the quarter July through September 2004, two (2) clients were placed into Supported Living Services (SL/S) from state psychiatric hospitals, and one (1) client was placed into Supported Living Services from a DDD funded crisis diversion bed. Prior to community placement from the state hospital, these individuals received habilitative mental health services at Western State Hospital (WSH) as part of the DDD Habilitative Mental Health Unit. These inpatient services included skills building, group and individual counseling services, vocational services, coaching, and highly specialized individual treatment services and planning, including functional assessments and positive behavior support planning. Services at both state hospitals comply with requirements set forth in the Civil Rights of Institutionalized Persons Act, 42 USC 1997.

JS is a 19 year-old man who lived with his aging grandparents until he was admitted to WSH for competency restoration after being found incompetent to stand trial on charges of 1st degree Child Rape. JS was found to not be restorable and was held at the state hospital under RCW 71.05 as a danger to others. JS is also diagnosed with Adjustment Disorder with Depressed Mood, and Mixed Receptive Expressive Language Disorder in addition to Moderate MR. Due to the serious nature of his crime, it was determined that he could not return home to live with his grandparents. Once JS's depression was stable, he was discharged to a DDD Certified Community Protection Provider. He

receives 24-hour per day staff supervision and therapy from a Sex Offender Treatment Professional (SOTP) and is enrolled in a vocation-day services program, where he is working with a counselor to develop an employment opportunity.

LJ is a 38-year old individual diagnosed with Mild MR, Schizophrenia, Poly-substance Abuse, Frotteurism, Sickle-Cell Anemia and Type II Diabetes. LJ has resided at WSH since November 1998 after having stalked a female staff and masturbating in her presence. LB has had multiple admissions to the state hospital in both Washington and California. He has a long history of sexually offending behaviors as well as charges for grand theft. Having met his state hospital discharge criteria of being assault-free for 60 days, LJ was discharged to a DDD Certified Community Protection Provider. LJ receives 24-hour per day 1:1 staff supervision and therapy from a Sex Offender Treatment Professional (SOTP), medications from the local community mental health center, attends NA and AA meetings and is working with a counselor to develop an employment opportunity that is appropriate for him.

JW is a 23-year old man with Cerebral Palsy and Autism. JW is non-verbal and has been exceedingly more aggressive the past 18 months. He was admitted to the mental health crisis diversion bed after putting others at risk at his Adult Family Home. JW's ongoing behaviors include grabbing the steering wheel while being transported to medical appointments, inappropriate grabbing and damaging property, assaulting staff and other vulnerable clients. The AFH subsequently refused to take JW back. While at the diversion bed, it was recommended that JW be placed into a Supported Living program. JW is now residing in the community, and receives his mental health services through the local community mental health center. He receives specialized therapies through a DDD contracted therapist for aggression.

It is noted here that that there have been nine (9)) admissions to WSH in the July – September 04 reporting period. Seven (7) of these admissions were for court-ordered competency restoration under RCW 10.77 after being found not competent to stand trial. The other two (2) clients were admitted after being found to be a danger to self and/or others as a result of a mental disorder under RCW 71.05. At ESH, for the same reporting period, there were six (6) admissions. These six admissions were for psychiatric treatment of individuals who were found to be a danger to self and others as a result of a mental disorder under RCW 71.05. Phase 2 services, as designed, are working well to divert civilly committed individuals from Western State Hospital. In Eastern Washington, civil commitment admissions appear to be increasing at Eastern State Hospital. During this quarter there has been an increase in civil re-admissions (individuals who are returning to the state hospital after being discharged). DDD and MHD will continue to monitor this.

2003-2005
Proviso Tracking OUTPLACEMENT TOTALS
5th Quarter Totals

					Type of Services				Expenditures	
Hospital Outplacements		Previous	Residential	Number of	Residential	Day Services	Other	Therapies	Total	Total Expend.
Region	Client	Residence	Start Date	Days in Service	Daily Rate	Daily Rate	Daily Rate	Daily Rate	Daily Expend.	To Date
4	#1-JW	WSH/homeless	07/31/03	428	\$ 263.15	\$ 24.00	\$ -	\$ 11.83	\$ 298.98	\$ 127,963.44
4	#2-WM	WSH	08/21/03	407	\$ 241.50	\$ 25.00	\$ 9.86	\$ 14.79	\$ 291.15	\$ 118,498.05
5	#3-CJ	WSH	08/31/03	397	\$ 244.88	\$ 20.00	\$ -	\$ 15.00	\$ 279.88	\$ 111,112.36
5	#4-JW	WSH	09/30/03	367	\$ 244.88	\$ 20.00	\$ -	\$ 15.00	\$ 279.88	\$ 102,715.96
5	#5 CS	WSH	09/30/03	367	\$ 266.09	\$ 20.00	\$ -	\$ -	\$ 286.09	\$ 104,995.03
1	#6 AB	ESH	10/15/03	352	\$ 250.00	\$ 16.50	\$ -	\$ 7.88	\$ 274.38	\$ 96,581.76
1	#7 TP	ESH	10/16/03	351	\$ 250.00	\$ 16.50	\$ -	\$ 7.88	\$ 274.38	\$ 96,307.38
6	#8 SS	WSH	01/29/04	246	\$ 270.00	\$ 20.00	\$ 10.00	\$ -	\$ 300.00	\$ 73,800.00
2	#9 TH	WSH	03/08/04	207	\$ 280.00	\$ 20.00	\$ -	\$ -	\$ 300.00	\$ 62,100.00
4	#10 HM	WSH	03/19/04	199	\$ 268.46	\$ 23.89	\$ -	\$ 7.63	\$ 299.98	\$ 59,696.02
1	#11 KK	Diversion Bed	05/24/04	129	\$ 283.50	\$ 16.50	\$ -	\$ -	\$ 300.00	\$ 38,700.00
1	# 12 JD	ESH	06/17/04	106	\$ 268.17	\$ 16.50	\$ -	\$ 7.88	\$ 292.55	\$ 31,010.30
4	#13 JW	AFH/diversion bed	07/08/04	85	\$ 240.76	\$ 25.00	\$ 12.24	\$ 18.00	\$ 296.00	\$ 25,160.00
5	#14 LJ	WSH	08/03/04	59	\$ 265.00	\$ 20.00	\$ -	\$ 15.00	\$ 300.00	\$ 17,700.00
5	#15 JS	WSH	08/06/04	56	\$ 265.00	\$ 20.00	\$ -	\$ 15.00	\$ 300.00	\$ 16,800.00
Average for Hospital Outplacements									\$ 291.55	\$ 1,083,140.30